| PART B - FEE(S) TRANSMITTAL  |  |  |                                      |  |   |                                  |                                      |  |  |
|--|--|--|--------------------------------------|--|---|----------------------------------|--------------------------------------|--|--|
| omplete and send this form, together with applicable fee(s), to: Mail  |  |  |                                      |  | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885   |                                  |                                      |  |  |
| THE TRUCTIONS: This for appropriate. All the ler co-<br>indicated purposes corrected maintenance fee notification  | rm should be used for tran<br>rrespondence including the<br>below or directed otherwise<br>ns.                             | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a | E FEE and ders and noting specifying | PUBLIC<br>fication<br>a new c  | of maintenance fees vorrespondence address  | will be mailed<br>; and/or (b) i | d to the current<br>ndicating a sepa | correspondence address as trate "FEE ADDRESS" fo |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  30996 7590 04/14/2006  |  |  |                                      |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |                                  |                                      |  |  |
| ROBERT W. BECKER & ASSOCIATES<br>707 HIGHWAY 66 EAST<br>SUITE B  |  |  |                                      |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                  |                                      |  |  |
| TIJERAS, NM 87059  |  |  |                                      |  | Mary Ann Copas (Depositor's name  |                                  |                                      |  |  |
| 07/20/2006 FFANAIA3 00000060 10618303  |  |  |                                      |  | May de Colod (Signature)  |                                  |                                      |  |  |
| 01 FC:1501<br>02 FC:1504   | 1400.00 OP<br>300.00 OP  |  |                                      |  | July 14,  | 2006                             | b                                    | (Date)   |  |
| APPLICATION NO.  | FILING DATE  | FIRST NAMED INVEN  |                                      |  | TOR   | ATTORNEY                         | DOCKET NO.                           | CONFIRMATION NO.                                 |  |
| 10/618,303 07/03/2003 Olaf Skibba 1143-II-22.268 3851 TITLE OF INVENTION: EXTRUDER   |  |  |                                      |  |   |                                  |                                      |  |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE ·  |                                      | PU   | IBLICATION FEE  | TOTAL FEE(S) DUE                 |                                      | DATE DUE   |  |
| nonprovisional   | NO   | \$1400   |                                      |  | \$300   | \$1700                           |                                      | 07/14/2006                                       |  |
| EXAMINER   |  | ART UNIT   |                                      | CI   | ASS-SUBCLASS  | ]                                |                                      |  |  |
| SOOHOO, 1  | 1723   |  |                                      | 366-079000   |   |                                  | •                                    |  |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03.02 or more recent) attached. Use of a Customer |  |  |                                      | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Robert W Becker & Associates  2Robert W Becker  3 |   |                                  |                                      |  |  |
| PLEASE NOTE: Unless<br>recordation as set forth it<br>(A) NAME OF ASSIGN   |  | clow, no assignee of this form is NOT                        | data will appe<br>Γa substitute      | ear on the   | he patent. If an assign<br>g an assignment.<br>CITY and STATE OR C  |                                  | ed below, the do                     | ocument has been filed for                       |  |
|  | and Maschinenbau  c assignee category or catego  |  | inted on the n                       | atent) ·   | GERMANY  Individual  Co   | ornoration or                    | other private gro                    | up entity Government                             |  |
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| The Director of the USPTO  | MALL ENTITY status. See<br>is requested to apply the Issu<br>hublication Fee (if required) words of the United States Pate | e Fee and Publicat   | ion Fee (if an                       |  | longer claiming SMAI<br>re-apply any previously<br>an the applicant; a regi   |                                  |                                      |  |  |
| Authorized Signature   | Robert -   | 4 1  |                                      |  |   | July '                           | 14, 2006                             |  |  |

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